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<b>SERIAL NUMBER</b> 10/642,523	<b>FILING OR 371(c) DATE</b> 08/15/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> SPINE 3.0-437
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a ~~CON~~<sup>CIP</sup> of 10/256,160 09/26/2002 PAT 6,989,032 which is a ~~CON~~<sup>LP</sup> of 10/175,417 06/19/2002  
 which is a ~~CON~~<sup>LP</sup> of 10/151,280 05/20/2002  
 which is a ~~CON~~ of 09/970,479 10/04/2001 PAT 6,669,730  
~~CIP~~ and is a ~~CON~~ of 10/140,153 05/07/2002  
 and said 09/970,479 10/04/2001  
~~CIP~~ is a ~~CON~~ of 09/968,046 10/01/2001 ABN  
 and said 10/140,153 05/07/2002  
~~CIP~~ is a ~~CON~~ of 09/970,479 10/04/2001 PAT 6,669,730  
~~CIP~~ and is a ~~CON~~ of 10/128,619 04/23/2002 PAT 6,863,689  
~~CIP~~ which is a ~~CON~~ of 09/906,119 07/16/2001 PAT 6,607,559  
~~CIP~~ and is a ~~CON~~ of 09/982,148 10/18/2001 PAT 6,673,113

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/11/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 45	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged Examiner's Signature <i>Erin Pellegrino</i> Initials				

## ADDRESS

51640

## TITLE

Axially compressible artificial intervertebral disc having limited rotation using a captured ball and socket joint with a solid ball and retaining cap

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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